

Michigan Medical Marijuana Association

**Presentation To The Judiciary
In Defense of the
People's Initiative Known as the
Michigan Medical Marijuana Act**





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The History of the People's Initiative

In Michigan, It is Article II, Section VIX of the Constitution which sets forth the parameters by which a people's initiative is executed and implemented. It is that very same section of the Constitution that mandates that the legislature is responsible for the implementation of the initiative. That is why this debate rises to the level of a Constitutional crisis. The People having carried the vote by a 63% margin are entitled to the implementation of their will. Yet the Executive and the Judicial stand in defiance of the Constitution and the Legislature. The people, delegated the authority to the legislature to implement their initiatives. Yet we are being arrested. Our property is seized. We are subjected to violence. We are slandered and libeled. We are imprisoned. The judicial refuses to allow the defenses provided in the act to even be mentioned in a court room. We are carted before the judges and declared guilty of crimes that the voters demanded that we be immune from. The appeals courts play scrabble with the people's will in order to defeat the laws protections. And both the judicial and executive, conspire behind the back of the people to negate the Act, through legislative neutering.

It is now before the legislature the fruit of these misdeeds. Last week I heard numerous untruths presented by the lead prosecutor in the state, against the people. The evidence of these untruths are presented in this document, but they are also self evident by mountains of suffering that has been caused in this crusade against the people. Those that have been engaged in mischief against the people, ask the legislature to enhance and codify their ability to bring suffering to those who suffer beyond human understanding. I ask you to stand for the people. Demand that this law be implemented with the full force of law as mandated by the people. Stop those who hold no value for the human condition from hurting the helpless. I ask you, The Representatives of the People, to circle the wagons of liberty, and not yield to the forces that would usurp the authority of the people and lay waste to the sick and dying.



Discussion and Background

The debate surrounding the Medical Marijuana Act has been centered around the capabilities of the government to properly regulate and administer the Act. One of the allegations centers around the fact that the law is vague. It has many loopholes. It is exceedingly confusing.

Yet, I was absolutely amazed when Kenneth Stecker did a point by point analysis of the law. He had absolutely no problem navigating the entirety of the law. I have reviewed his work. He possesses a proficient knowledge of the law. We disagree on elements of the law. But everything that he pointed out as a problem was not an area of confusion, but an area of disagreement. His disagreements are with the voters.

Mr. Stecker also brought up the Redden case and discussed that patients are already being thrown in jail when the doctor fails to abide the standard of care. By expanding the rights of law enforcement and not holding the guilty party accountable(The Doctor), tens of thousands of patients will be persecuted.

Mr. Stecker was very proud of the states record. He pointed out that we are batting zero. The reason we are batting zero, when the voters stated clearly that 99 out of every 100 arrest should be avoided, is we are not allowed to raise the defense in a court of law. Despite numerous arrest in Oakland County, we have not been able to even mention medical marijuana in the courtroom.

Our numbers confirm Mr. Stecker's awesome rate of success(Page 11-12). The law offers no protection for patients and caregivers, because it has never been implemented. Going on four years into the process not even the basic elements of implementation have been accomplished. The program simply exist as a quick and easy way for law enforcement to identify someone who possesses marijuana. Then based on the desires of law enforcement and prosecutors victims are processed into the system. Basic civil rights are eliminated and in many cases even the right to a jury trial are bypassed. What the sick people of the State of Michigan are facing is the awesome force of the state, while it is on a crusade to undo the will of the voters. By expanding the rights of government, you are in fact codifying the defiance of the will of the people and the abuse of the sick and dying.

Mr. Stecker's chart illustrating deaths attributed to marijuana and his comments concerning increased drug use were misrepresentations and false(Pages 18-23 40-44). In



fact our data is confirmed by the same pattern we observed on pages 19-20. The absence of the drop in 2009 and the retracement in 2010, proves the lack of authenticity of Mr. Stecker's chart. In fact this same pattern was seen nationally. Proving that medical marijuana is not a causal effect. The FARS database is open to the public. Running an open query on the database, with marijuana(600-699) as the only filter, yields 70 results. He reported 80. When you back out the 33 people that were also intoxicated on alcohol, you end up with 37(Page 19 Page 17). Then you have to consider that testing was greatly increased in 2010(Page 21). Hundreds more test, should yield proportionally more positives. Unfortunately for Mr. Stecker's case, they did not. 2010 stayed flat when compared to 2008. No Registrations were accepted until the first quarter of 2009. So Mr. Stecker's conclusions concerning deaths attributed to medical marijuana is false. In fact he has not presented a shred of evidence that even one of the fatalities was a medical marijuana patient. In addition his statement that marijuana use is increasing because of medical marijuana is again false and misleading. In fact, leading researchers like David Katz state that it is the economy that is causing the uptick. His comments are confirmed through many sources including the National Library of medicine(Pages 40-44). We see that reflected in the numbers that we analyzed. The uptick actually occurred at the end of 2007, with a surge in 2008. Corresponding to the beginning of the great recession.

The same thing can be said about Bill Schuette. In his analysis of the law, both before its passage and as distributed via his, "Clearing the Air Seminar" indicates an understanding of the law. His presentation states that 33% of all drivers are drugged impaired. The actual number is 17%. This is for all drugs, so it is an apples and oranges comparison on top of being exaggerated. In another demonstration he presents a large headline number that is not related to marijuana, but leaves the implication out there. His entire demonstration is meant to bring suffering on the innocent. There is a large gap between his professed beliefs when he chaired the corporation that opposed the act during its adoption by the voters in 2008 and his new understanding as attorney general. In both cases he professes a complete knowledge of the act and its implications. We see the same misrepresentations in presentations pieces. When leaders of law enforcement and the lead prosecutor in the state misrepresent the facts, the process is poisoned and innocent sick people are put at extreme risk.

This whole debate has become a sort of strange competition. In many cases it is no longer about fact but just about winning. It is often forgotten that sick people are being persecuted to prove a point. Sick people have trouble dealing with their doors being kicked in. Pets being shot. Losing their property. Being thrown in jail. Thrown to the



floor..... Anything that would empower police to take further action against patients is a cause of great anxiety in our community. This anxiety is completely justified.

I couldn't agree with Mr. Stecker more when it comes to the efficiency of the governmental machine that has been arrayed against the sick. He spoke of a perfect record by the prosecution. Sick people are afraid. With no resources they are forced to defend themselves against the full force of the state. With grim determination the government has stripped every protection of the law. The medical marijuana defense has never been presented in Oakland County, despite numerous arrest and convictions. With tongue in cheek, judges find technicalities designed to deny the sick their day in court.

In Bill Schuette's mind an unlocked interior door is justification to lock a patient up for years. A doctor that fails to execute his obligations under the act could result in

thousands of patients being exposed to prison and even worse. The People made their intentions clear in 2008.

2. Findings

(b) Data from the Federal Bureau of Investigation Uniform Crime Reports and the Compendium of Federal Justice Statistics show that approximately 99 out of every 100 marihuana arrests in the United States are made under state law, rather than under federal law. Consequently, changing state law will have the practical effect of protecting from arrest the vast majority of seriously ill people who have a medical need to use marihuana.

As long as the attorney general maintains an aggressive stance towards patients and caregivers, it is impossible for us to support any changes to the current act. We aren't seeking anything that the voters did not give us. But we are asking the legislature to provide safe harbor to us. We are afraid for our safety and that of our friends. We have been subjected to violence and persecution. We ask that you intercede on our behalf. Do so by leaving the Act unaltered and demanding that the judicial and executive branch execute their duty to comply with the will of the people.



Our research indicates that patients and caregivers have been extremely compliant with all aspects of the Act. We intend to present data from the MSP, The DOJ's Database and The FARS reporting system that substantiates our claims..

It is the position of Michigan's Attorney General that the law should be extremely limited and offer only limited protections to those who choose to register to participate in the state run registry program. In addition if that patient is technically outside of the parameters of the act, then that person has no protection under the act. Proof that his view of the law is currently being enforced can be observed on pages 11-16.

The Attorney General and the Prosecutors Association of Michigan stand in defiance of the voters of the State of Michigan and are abusing the sick at will. The task has fallen to us today to defend the good name of the patients and caregivers of the state. Bill Schuette said;

"Attorney General Bill Schuette announced legislative proposals on Wednesday targeting patients he claims are "exploiting" the law".

"The law has been hijacked by pot profiteers who threaten public safety on the roads and in our communities,"

Schuette also proposed "legislative reforms" to give prosecutors and law enforcement "the tools they need to crack down on criminals who exploit the loopholes of the MMMA."

I want the record to clearly reflect, we are not criminals. We are not pot profiteers. We are not a danger to anyone. We are not exploiting anything. We are just sick people. In most cases we are not only sick, but we are also poverty stricken. It is rhetoric like this that inhibits productive dialog about the subject.

Surely a people so great, as to see the suffering of the sick, will not sit idly by while the sick are subjected to such abuse. I ask that you use your power to protect the sick and the rights of the voters. There is no greater test of power. The power to grant others their freedom. Members of our community have met with law enforcement and the legislature on demand. You are now being asked to make decisions that will devastate the sick and undermine the will of the voters based on false and misleading information. The people of the State of Michigan should only have their vote nullified in the face of overwhelming evidence. That case has not been made. As a matter of fact there has been a deliberate attempt to deceive the legislature. If the legislature proceeds the suffering unleashed upon the sick will be unbearable.



Feb. 23rd Channel 10 News Lansing

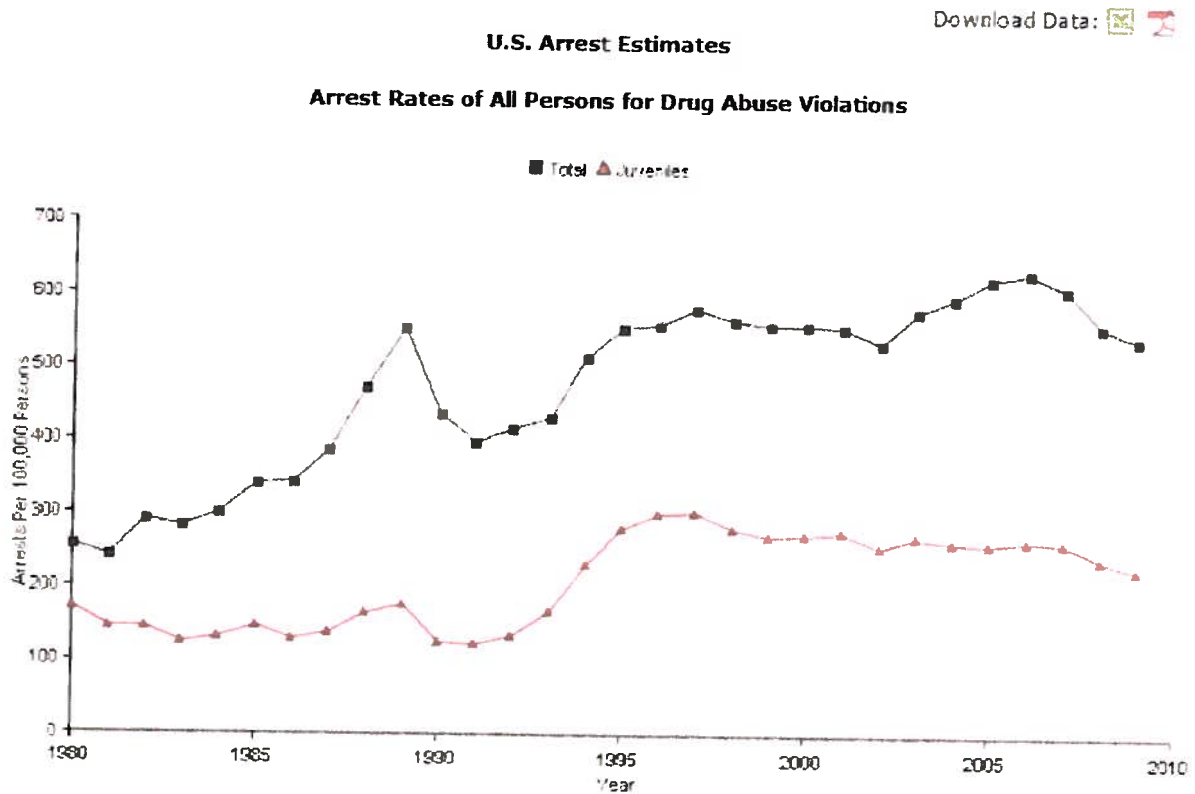
"If someone presents us with a card, and they have no other identification, it makes it difficult to determine if that person's supposed to have it or not," said Det. F. Lt. Gill. Lawmakers also want to give police more access to the medical marijuana registry, so they can verify a patient is legitimate given **reasonable suspicion** they possess or grow **pot**. Det. F. Lt. Gill oversees three mid-Michigan drug task forces, and says they're **seizing more and more marijuana**.

"**Many people** that have patient cards or caregiver cards **far exceed the number of plants they can grow or possess at one time**," he said.

Outside of these bills, there's also a senate bill to ban marijuana as a treatment for glaucoma. **Senator Rick Jones introduced that bill Thursday saying there's a lack of scientific evidence that marijuana even helps glaucoma patients**. In fact he says they often forgo approved treatments like eye drops and exclusively use medical marijuana, increasing their risk for permanent visual loss and blindness.

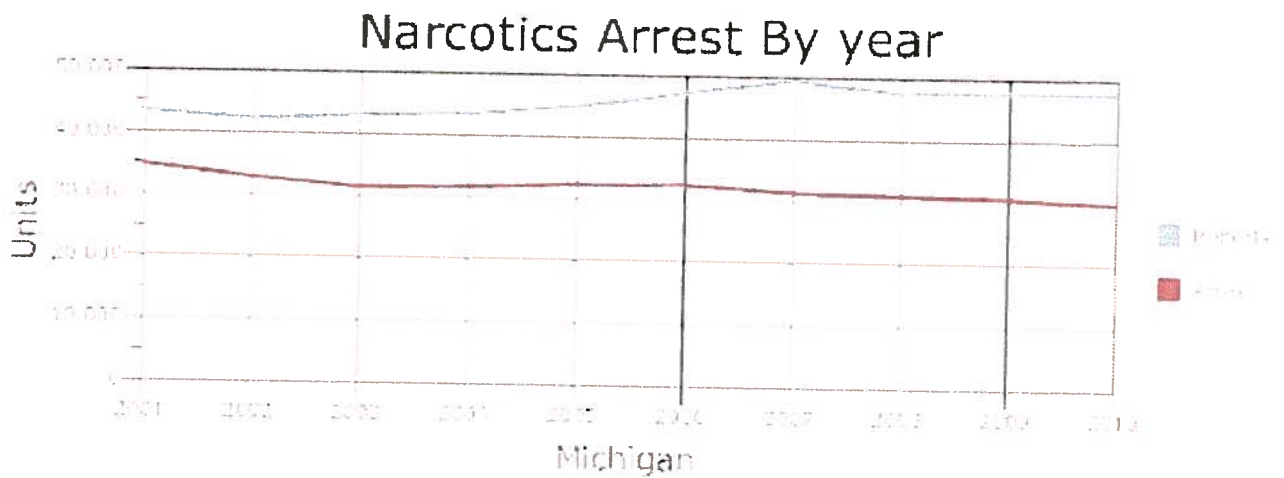


The following Graph illustrates a downturn nationally in drug arrest starting in 2006. It is a benchmark to compare trends and efficiencies or lack thereof in Michigan.





Below is the reported vs. arrest rates by year for the State of Michigan. If the Michigan Medical Marijuana Act had been implemented the state arrest at minimum should at least mirror national trends. That is of course is not what we see. Arrest rates are near 10 year averages. Since the only category of narcotic arrest that is increasing significantly is Simple Possession, it merits investigation as to the reasons.

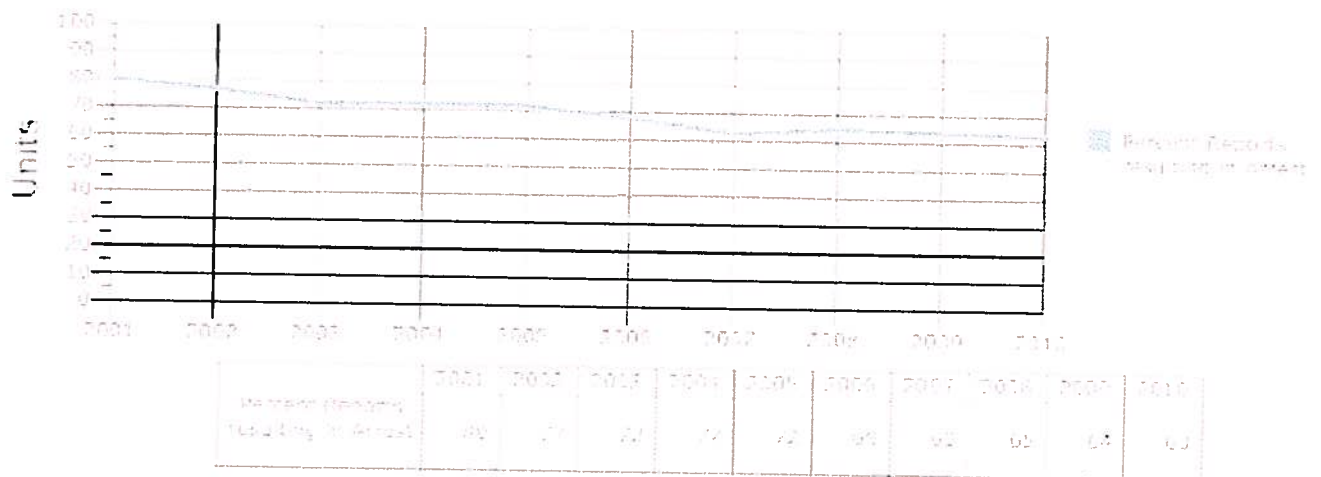


	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Reported	41,661	41,000	41,667	42,000	42,667	43,000	45,000	44,000	44,000	44,000
Arrests	35,000	32,000	32,000	32,000	32,000	32,000	32,000	32,000	32,000	30,000





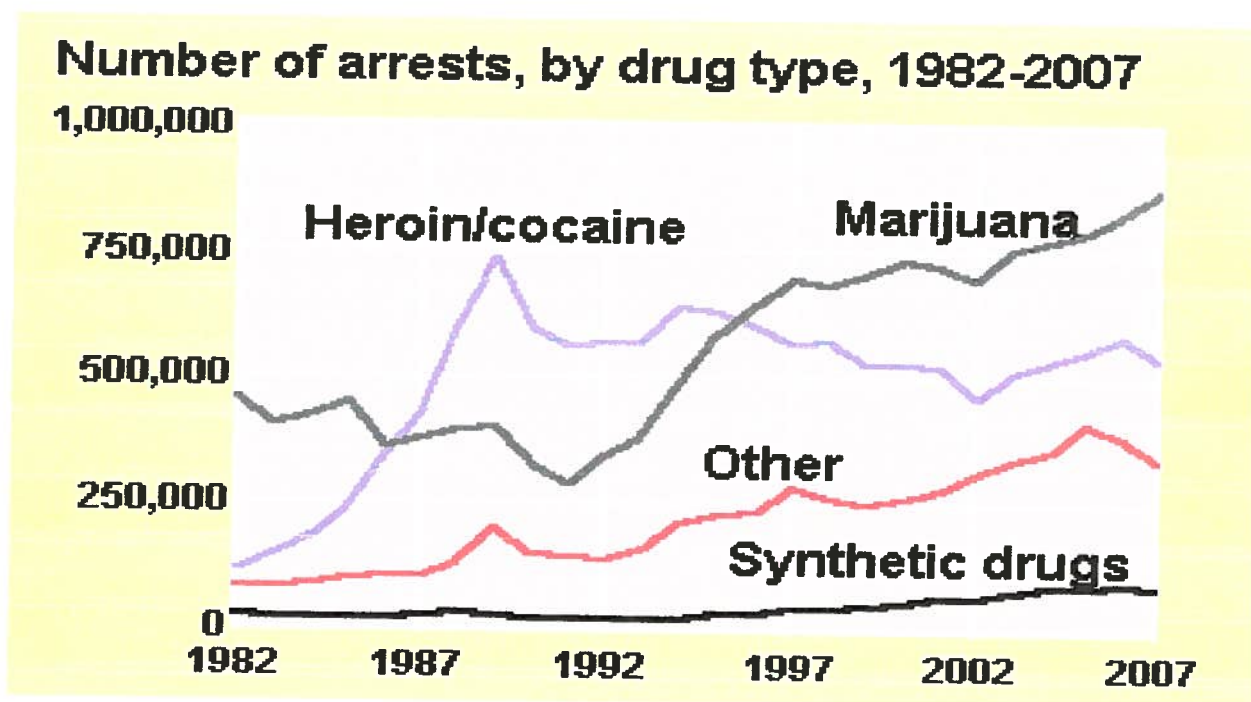
Narcotics Arrest Percentage of Reports Resulting in Arrest





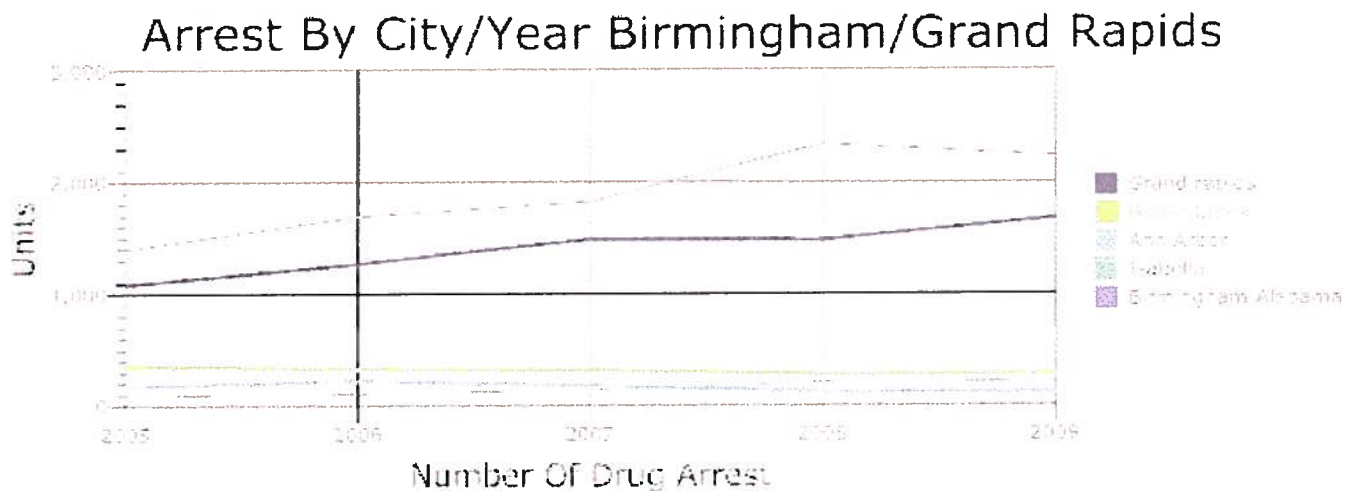
National Arrest Rates Broken Down By Drug

Using this Chart from the Department of Justice we can see that nationally there is a surge in marijuana arrest. We know that these arrest are mostly simple possession, because 85% of all marijuana arrest are for simple possession. This supports the findings that the ability of law enforcement to perform their duty has not been impacted.





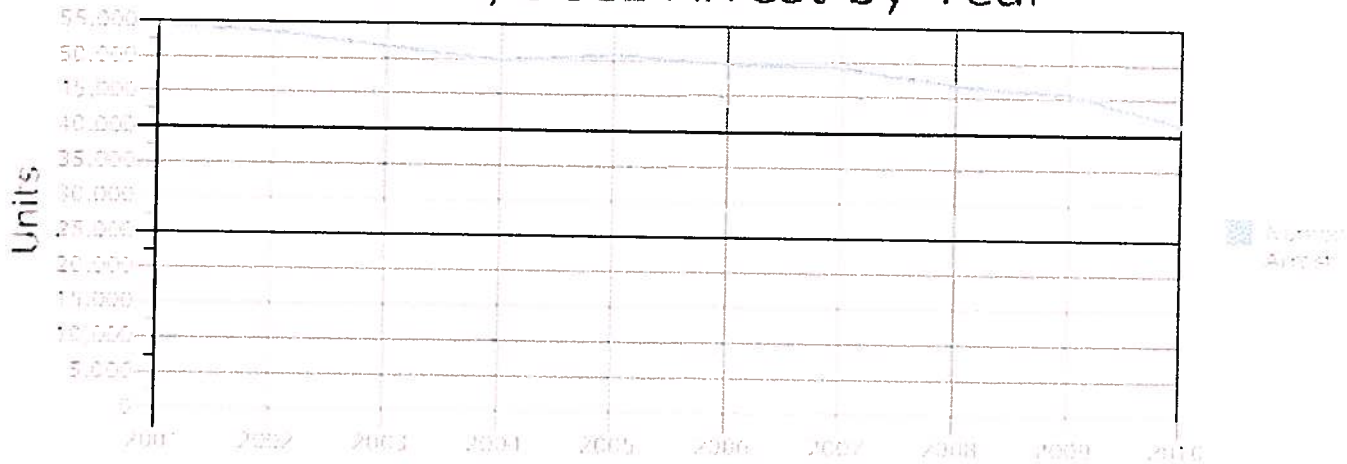
The following graph clearly indicates the disparities between townships in Michigan. Grand Rapids(+60%), The first city to nullify the Medical Marijuana Act, clearly shows an uninterrupted uptrend, mirroring Birmingham, Alabama. A zero tolerance non medical marijuana city in a non medical marijuana state. Whereas cities such as Ann Arbor clearly show a downward trend in arrest(-40%).





The statement has been made that medical marijuana is a danger on the highways. There has been a 27% reduction in arrest with almost 20% reduction occurring since the law passed. These values coincide with a recently conducted study that concluded that there was a correlation in the drop in alcohol and the availability of medical marijuana. The study found a 9% decrease in alcohol related accidents. That mirrors the 9% drop in 2010 in OUID/OUIL arrest in Michigan.

Ouid/OUIL Arrest by Year



Michigan Yearly Arrest

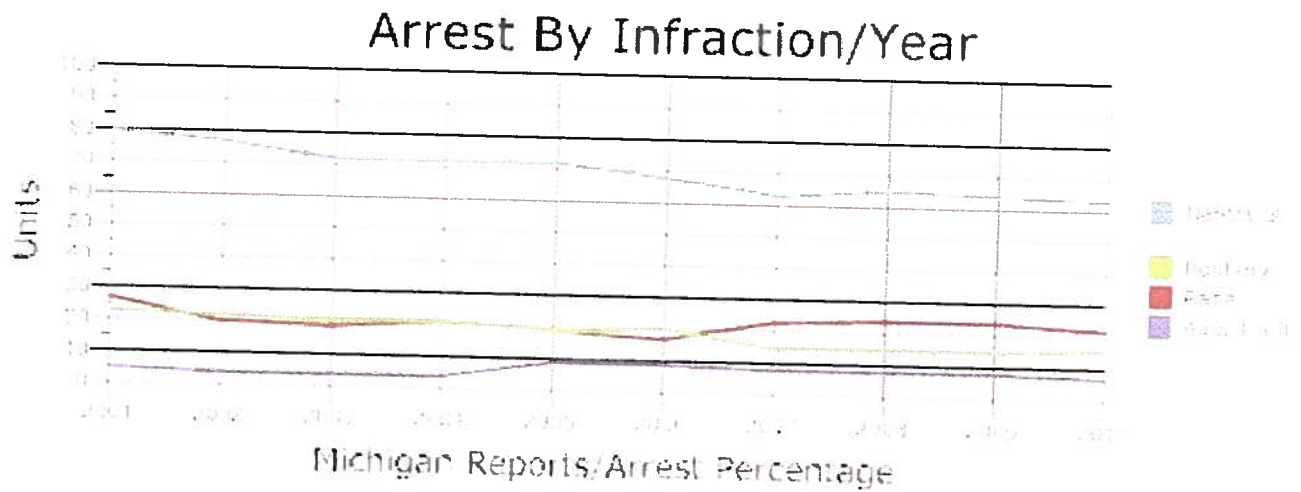
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Number of Arrest	54,894	52,536	51,605	49,545	50,827	49,546	49,020	48,542	45,748	41,429



Narcotic Arrest have been trending sideways since 2007. Efficiency dropped in 2005/2006 years before the passing of the act. Despite over 130,000 patients/caregivers in the system, the trend has remained stable. If there had been misbehavior on our part there would be a spike. If law enforcement were having difficulties, there would be a drop.

Particularly disturbing in this analysis is the dreadfully low arrest rates on crimes such as rape and robbery. Rape arrest per incidence is actually falling. So much effort has been put into overturning the People's Initiative while violent criminals enjoy increased security.

Some in Law Enforcement, The Attorney General, and some prosecutors have claimed that the law prevents them from performing their duties.



	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Narcotics	85	75	70	68	65	62	60	60	60	65
Robbery	20	18	18	18	15	12	15	15	15	12
Rape	18	15	15	15	12	10	12	12	12	10
Auto Theft	5	5	5	5	5	5	5	5	5	5





FARS is a database utilized to study fatal crashes. This data is not one dimensional. Mr. Stecker made the statement that only active THC is included in reporting. That is false. Under drug test result 1, you can see(600-695). Several types of chemical/organic data is collected including other. Take a look at the alcohol percentages. Is it marijuana when someone is tested at .53. Date of last crash. Look at the suspension field. All crash information reported to the legislature by the Attorney General and Mr. Stecker is false. It is a crime against voters and the sick.

Public Data Requests

FARS Data Tables

Query FARS Data

State Traffic Safety Info

Help

Map features and VMT data changes. Click [here](#) for information.

Report:

Map ID:

OUTPUT OPTIONS:

SEARCH BY STATE

EXPAND ALL

Obs.	State	Case Number	Vehicle Number	Person Number	Age	Alcohol Test Result	Drug Test Results (U)	Police Report Drug Recommendation	Seating Position	Exhaustion (Investigation) At Time of Crash	Date of Last Crash	Suspension	Convictions	Injury Accidents (Investigation)	Previous Traffic Violations
1	MI	7	1	1	21	0	0	0	0	0	2010-01-01	0	0	0	0
2	MI	74	2	1	22	0	0	0	0	0	2010-01-01	0	0	0	0
3	MI	75	3	1	23	0	0	0	0	0	2010-01-01	0	0	0	0
4	MI	47	4	1	24	0	0	0	0	0	2010-01-01	0	0	0	0
5	MI	47	1	2	25	0	0	0	0	0	2010-01-01	0	0	0	0
6	MI	48	1	3	26	0	0	0	0	0	2010-01-01	0	0	0	0
7	MI	174	2	4	27	0	0	0	0	0	2010-01-01	0	0	0	0
8	MI	142	1	5	28	0	0	0	0	0	2010-01-01	0	0	0	0
9	MI	174	1	6	29	0	0	0	0	0	2010-01-01	0	0	0	0
10	MI	193	1	7	30	0	0	0	0	0	2010-01-01	0	0	0	0
11	MI	252	1	8	31	0	0	0	0	0	2010-01-01	0	0	0	0
12	MI	252	1	9	32	0	0	0	0	0	2010-01-01	0	0	0	0
13	MI	252	1	10	33	0	0	0	0	0	2010-01-01	0	0	0	0
14	MI	249	1	11	34	0	0	0	0	0	2010-01-01	0	0	0	0



Compromised Results In Reported Data

When studying trends, you must take in to consideration changes in trends. It is imperative that you add weight to changes in calculations as it destroys a one to one comparison. Case in point 2010. Hundreds, if not thousands more people were tested for any presence as a requirement of law. You add multiples on the input side you would expect an equivalent increase on the output side. The output side didn't react in a predictable manner. As the number of marijuana related fatalities did not go up in proportion to the tests that were administered. In addition many people who were legally drunk were listed as marijuana being the primary contributing cause. This results in marijuana related deaths being over inflated and alcohol related deaths being under reported. We see that in 2010 when it was reported that alcohol related deaths fell and marijuana related deaths increased. When in actuality marijuana related deaths remained flat and alcohol related deaths climbed. The scariest thing is when these numbers are tampered with the knowledge base is lost. In my short time analyzing the data, I have found that many deaths could have been prevented. Many of these cases and trends in the data suggested that many of these drivers had been flirting with disaster for many years. This data is almost predictive of high risk drivers and tragic results.

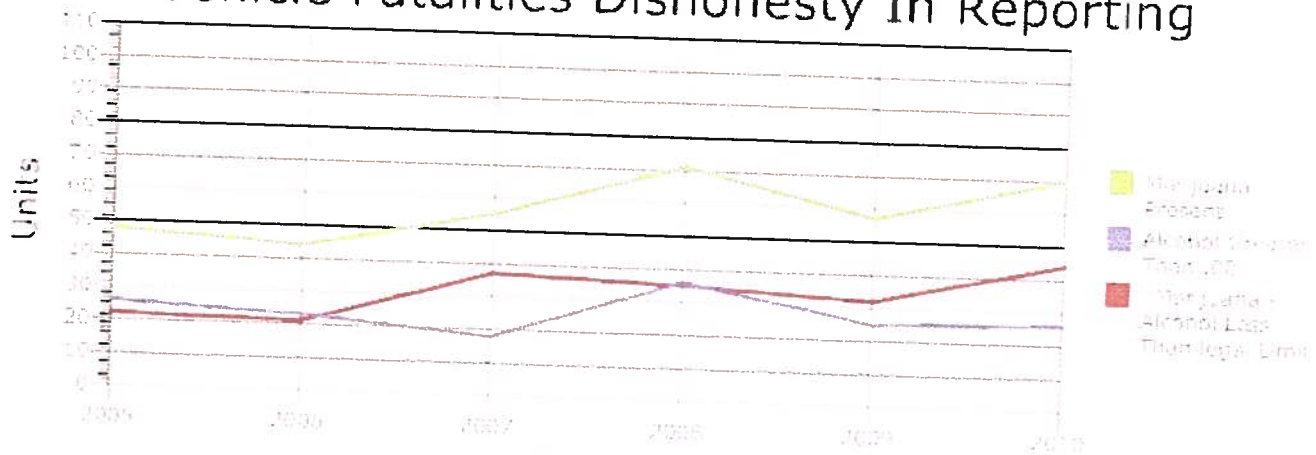
It is important to normalize the data when performing analysis. To find the common denominator. By eliminating or identifying other circumstances that may have contributed and noting other contributing factors the variables can be assigned their proper values.



In 2010 testing was expanded for those involved in fatal accidents .

This graph drills down from the headline number to the various components of reported fatalities. Included are alcohol and those reported to be marijuana related. The numbers reported by the AG include people legally drunk. Including people that tested at or greater than lethal doses of alcohol. In this graph people who tested positive for both alcohol and marijuana involvement remained in the study. Clearly impairment in the important number. Impairment is not quantified in the number reflecting marijuana involvement.

Vehicle Fatalities Dishonesty In Reporting



Categories

	2005	2006	2007	2008	2009	2010
Marijuana Present	45	41	55	71	57	70
Alcohol Greater Than .08	25	23	15	34	25	25
Marijuana + Alcohol Less Than Legal Limit	22	21	37	35	32	40



In 2010 components of changes arising was reported.
Other contributing factors may be involved.

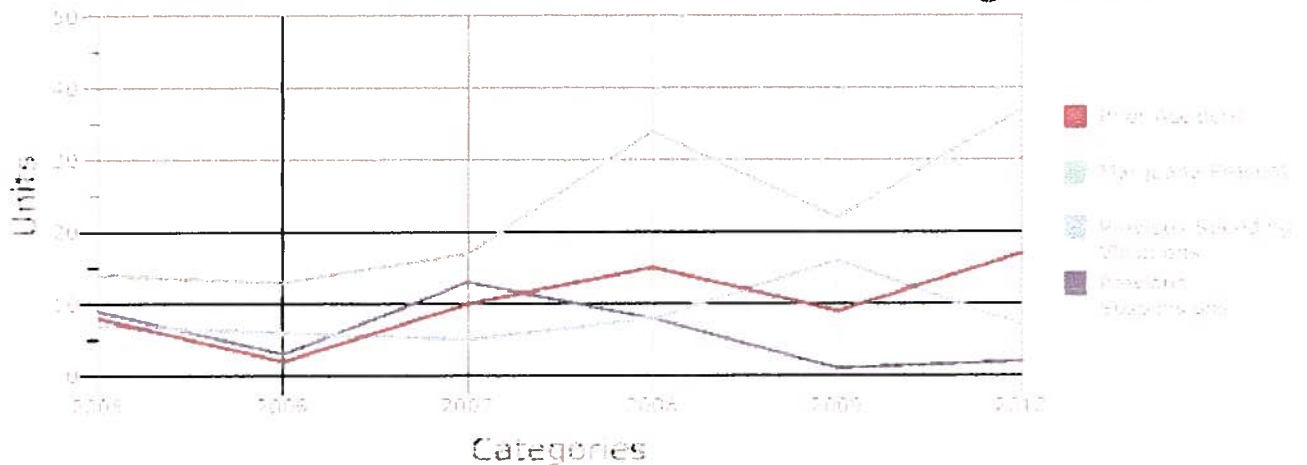


In this graph those testing positive for both marijuana and alcohol usage have been removed. Marijuana and other drug combination remain. It is important to point out, with or without the use of drugs, some of these people were going to kill themselves and possibly others with their motor vehicle. In some cases where multiple persons were involved in the accident and they occupied the same auto. If one died and the other survived, both were counted as fatalities. These types of errors are found repeatedly in the data. It is also important to note that pedestrians and other passive victims are included.

Simply attributing an accident to a substance because of it's presence does not yield an accurate result. There are lots of contributing factors for most accidents. It takes less than a second to run a query. It can takes weeks or even months to understand what you have retrieved.

Clearly some of these accidents were caused by risk taking behavior. We know that from the history of past behaviors. This data could be used to predict high risk behaviors and possibly prevent accidents. It's misuse must stop.

Vehicle Fatalities Other Contributing Factors



	2005	2006	2007	2008	2009	2010
Prior Accident	14	5	14	16	14	18
Marijuana Present	14	5	18	25	22	38
Previous Spelling Violation	14	5	14	14	16	14
Previous Suspended License	14	5	14	14	14	14



As of 2010, for the first time, all vehicle fatalities involving drug testing.



Michigan crash deaths from booze down, drugs up

AP WIRE

09:50 AM

JUL 22

2011

LANSING

Drunken driving deaths are down slightly in Michigan, while reported drugged-driving deaths are up, state police said Thursday.

Overall, 357 people were killed on Michigan streets and highways last year in crashes linked to drinking or drug use, state police said. That's up from 351 in 2009.

An annual report released Thursday said drunken-driving deaths fell from 299 in 2009 to 283 in 2010, while drug-related crash deaths rose from 119 to 153. **One reason for the increase is more testing for drugs, the report said.**

Seventy-nine crash deaths involved both alcohol and drugs, it said.

"Law enforcement officers are continually finding drugged drivers behind the wheel during traffic stops," said state police director Col. Kriste Kibbey Etue. "To help address this growing issue, officers have been receiving advanced training to assist them in identifying and arresting these impaired drivers in an effort to make our roadways safer."

State police say men are much more likely to get caught driving drunk or high. They say police arrested 41,883 people for drinking- or drug-related driving offenses in 2010. The report says 31,021 of those arrested were men, and 10,862 were women.

Drunken or impaired driving convictions totaled 41,887 in 2010, the report said.

"Education remains critical in preventing people from driving under the influence," said Secretary of State Ruth Johnson. "While the drinking and driving data are encouraging, we must continue educating people about the dangers of driving under the influence and especially drugged-driving."

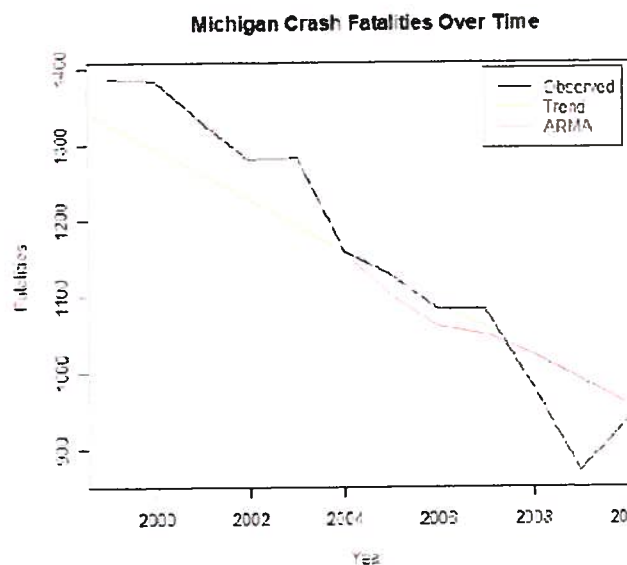
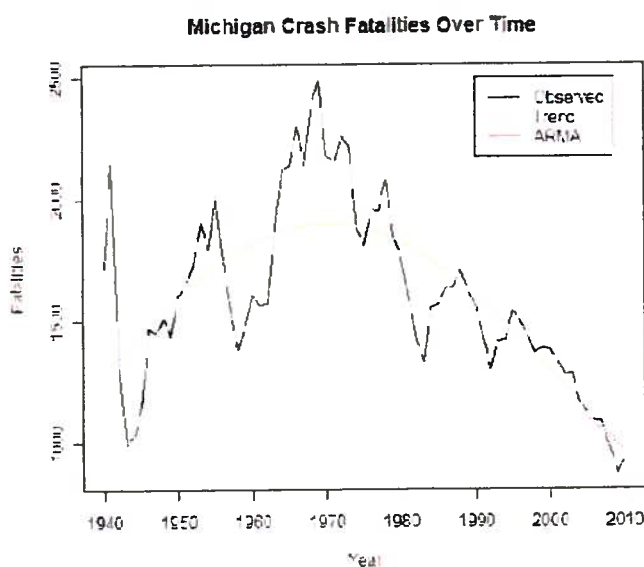


An Examination of the Michigan 2010 Motor Vehicle Traffic Crash Fatality Increase

Prepared by: The University of Michigan Transportation Research Institute
For: Michigan Office Of Highway Safety Planning

Michigan Motor Vehicle Traffic Crash Fatality Trends

Figure 1. Long-range (left) and recent-years (right) views of Michigan crash fatalities over the last 50 years. The black line shows the year-to-year rise and fall in total fatalities. The green and red lines show two models of the underlying trends. Figure 1 shows the behavior of Michigan crash fatalities over the time period of 1940 to 2010 (on the left) and focused on 1999-2010 (on the right). The black lines are the observed fatalities for each year while the green line indicates the trend observed over this time period. Looking at the trend line, we can see that 2010 was actually quite close to the expected number of fatalities whereas 2009 is extremely atypical, particularly as the variations from year to year appear to be much smaller in the past decade than in previous decades.

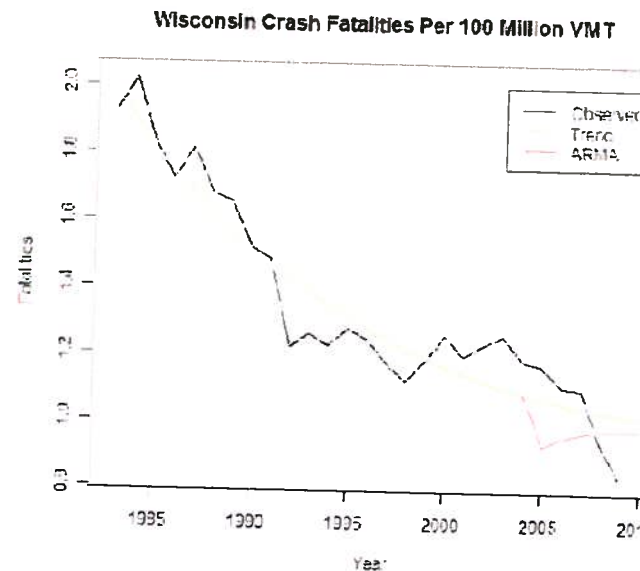
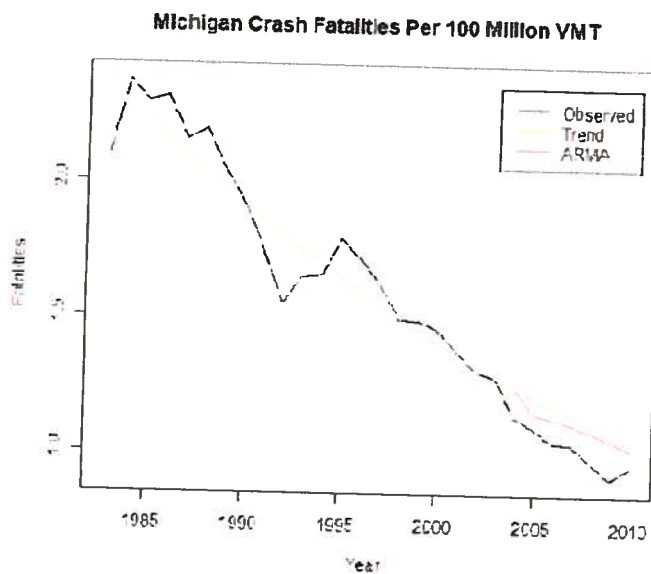




An Examination of the Michigan 2010 Motor Vehicle Traffic Crash Fatality Increase

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Figure 2 shows the same pair of plots for fatalities per vehicle miles traveled (VMT) indicate that 2010 is a return to the expected trend. The plot on the right side of Figure 2 shows that even when the predicted deviation from the trend is included (the red line), 2009 is much farther from the expected value than 2010. As such, it would seem reasonable to argue that 2009 is the atypical year rather than 2010, meaning that the increase in fatalities from 2009 to 2010 is a stabilizing of the trend rather than a reversal.





Addressing the Proposed Bills

The Doctor Patient Relationship

The Keys to the kingdom

The Usual Course of Professional Practice.

House Bill 4851

Senate Bill 0506

Michigan utilizes a standard approach of describing what is expected of a doctor or other medical specialty, known as a standard of care. There are many medical specialties and each may have a minimum standard of care. If a doctor violates, The standard of care for his/her specialty, it can result in censure, lawsuits, fines and imprisonment. For practitioners a local standard of care is used. For specialties a national standard of care is used.

However the legislators(The People) set forth language to be utilized as a standard of care, by practitioners, in the course of recommending a patient for the use of medical marijuana.

(f) A physician shall not be subject to arrest, prosecution, or penalty in any manner, or denied any right or privilege, including but not limited to civil penalty or disciplinary action by the Michigan board of medicine, the Michigan board of osteopathic medicine and surgery, or any other business or occupational or professional licensing board or bureau, solely for providing written certifications, **in the course of a bona fide physician-patient relationship and after the physician has completed a full assessment of the qualifying patient's medical history**, or for otherwise stating that, in the physician's professional opinion, a patient is likely to receive therapeutic or palliative benefit from the medical use of marihuana to treat or alleviate the patient's serious or debilitating medical condition or symptoms associated with the serious or debilitating medical condition, **provided that nothing shall prevent a professional licensing board from sanctioning a physician for failing to properly evaluate a patient's medical condition or otherwise violating the standard of care for evaluating medical conditions.**

Alarmingly enough, the Act already allows for multiple standards of care. The internal standard of care governing certifications and the one for evaluating medical conditions. The standard of care that applies is the standard of care for specialist.



Thusly the Act requires that the doctor evaluate the patient for that patients particular condition. It does not allow the doctor to ignore existing standards.

bona fide physician-patient relationship - Random House Webster's College Dictionary (1997) defines "bona fide" as "1. made, done, etc., in good faith; without deception or fraud. 2. authentic; genuine; real."

Failure to establish a bona fide doctor/patient relationship or follow existing standards of care could result in the arrest of the doctor. Under the proposed legislation the patient would go to jail. Mr. Stecker knows this. He spoke about it when he spoke of the Redden case. Bob has been in the court system for three years. His wife has ovarian cancer. Bob was within the limits of the law. He is still in the court system because the doctor did a poor job. If you proceed with this legislation and other proposed legislation, there will be lots of sick people for Mr. Shuette and Stecker to prosecute. Thousands whose intent was to comply with the law would be blindsided. There is already legislation in place to prosecute doctors who fail to properly establish the doctor/patient relationship.

Patients should never be impacted because of the failure of a professional to ethically perform their duties. Invalidating the certifications of patients or prosecuting patients is not an appropriate response. By putting in place simple checks and balances, less than legitimate patients will be flushed out during their renewal cycle.

A huge arsenal of existing legislation and technology currently exist to control fraud and abuse within the system. Applying higher standards for medical marijuana patients and their doctors creates both a real and perceived disparity between participants and non participants. Much of the proposed legislation, while it's intentions may be good, creates real concerns for the protection of the civil rights and the safety of patients and caregivers.

Existing legislation supports the implementation of these recommendations. The following legislation gives the department the ability to regulate applications and renewals. A certification that does not abide by the current standard of care would be rejected because it would be false.

SAGINAW — A Saginaw Township doctor is one of the first physicians in Michigan to face **federal indictment for certifying medical marijuana patients**, according to Matthew R. Abel, an attorney for the Detroit-based Cannabis Counsel.

On April 5, the U.S. Attorney General's office indicted Dr. Ruth A. Buck, owner of Mid-Michigan Medical Marijuana Clinic at 2137 Warwick in Saginaw, for aiding and abetting the distribution of marijuana.



Her office and home were **raided March 17**.

"There have not been any doctors charged with crimes that I am aware of since the (state) law began," Abel said. "It's unconscionable that doctors are being

incarcerated."

Marijuana use and distribution remain illegal under federal law, although President Barack Obama has said federal authorities will not enforce the law in states, such as Michigan, that allow marijuana use for medical purposes.

The federal charges come after Buck was charged **separately under state law with three counts of unlawfully distributing controlled substances**.

Those charges **stem from allegations** that, between January 2006 and July 2009, Buck prescribed more than 1.5 million doses of painkillers and other medication such as Vicodin, OxyContin, Xanax, morphine, methadone and Dilaudid from her former office in Thomas Township, authorities have said.

Buck's attorney filed a motion to dismiss **the prescription charges** and argues that a doctor has a subjective right to determine the necessity of pain medication for patients. The case remains open.

Today, Buck is in federal custody pending a hearing in U.S. District Court in Bay City on Thursday to determine if her bond should be revoked as requested by the U.S. Drug Enforcement Agency.

The federal complaint questions the due diligence of Buck's patient reviews and alleges that she discussed obtaining and growing marijuana with at least one patient, whom she also referred to a Bay City dispensary to acquire marijuana. Carl J. Marlinga, Buck's Clinton Township-based attorney, could not be reached for comment.

The federal complaint, filed in U.S. District Court in Bay City, alleges that Buck issued 1,870 medical marijuana certificates between the time the state law passed two years ago and March 17, for which Buck charged \$200 per certification and \$150 per renewal, the complaint says.

It cites occasions in which a "confidential source" and an undercover DEA agent visited Buck's office for medical marijuana recommendations. According to the law, patients must have a "debilitating medical condition" to qualify for medical marijuana.



HIPPA Protected Health Information

Senate Bill 0377

House Bill 4834

The current legislation was meant to insure HIPPA standards were followed in the handling of Protected Health Information. HIPPA does not prevent lawful investigations from occurring, but sets up a framework for an orderly process. Two conditions must be generally met. There must be an order by the court and the officer has to prove his/her identity. In cases of emergency, HIPPA makes allowances for faster access. The Federal Law does not allow for the softening of standards for protection, only tighter controls.

This Bill and other Bills violate HIPPA restrictions for the dissemination of Protected Health Information. Any entity that maintains electronic data that consist of Protected Health Information must protect that information as proscribed by law. Only a Court Ordered Document or other legal procedure can cause data to be disseminated. This means that law enforcement can access the registry data if the have a search warrant or equivalent document. But broad dissemination would be illegal. Essentially, the HIPAA privacy rules provide that health care providers must take steps to prevent the unauthorized dissemination of "Protected Health Information" or "PHI". PHI is defined very broadly as: "individually identifiable health information transmitted or maintained in any form or medium, which is held by a covered entity or its business associate[; identifies the individual or offers a reasonable basis for identification[; i]s created or received by a covered entity or an employer[; or relates to a past, present, or future physical or mental condition, provision of health care or payment for health care." 45 C.F.R. § 160.103.

The excerpt from the Michigan Medical Marijuana Act Reinforces that the information is subject to the requirements set forth by HIPPA and does not impose any greater



burden on the state than HIPPA does. Law enforcement has had over a decade to implement HIPPA guidelines into standard operating procedures. Any greater powers sought by the state would violate HIPPA and would constitute a civil rights violation.

(h) The following confidentiality rules shall apply:

- (1) Applications and supporting information submitted by qualifying patients, including information regarding their primary caregivers and physicians, are **confidential**.
- (2) The department shall maintain a confidential list of the persons to whom the department has issued registry identification cards. Individual names and other identifying information on the list is confidential and **is exempt from disclosure under the freedom of information act, 1976 PA 442, MCL 15.231 to 15.246**.
- (3) The department shall verify to law enforcement personnel whether a registry identification card is valid, without disclosing more information than is **reasonably necessary** to verify the authenticity of the registry identification card.
- (4) A person, including an employee or official of the department or another state agency or local unit of government, **who discloses confidential information in violation of this act is guilty of a misdemeanor, punishable by imprisonment for not more than 6 months, or a fine of not more than \$1, 000.00, or both. Notwithstanding this provision, department employees may notify law enforcement about falsified or fraudulent information submitted to the department.**

The penalties to health care providers for non-compliance with the HIPAA privacy rules are severe. If there is a general failure to comply with HIPAA, civil fines may be imposed as the rate of \$100 per violation, up to a maximum of \$25,000 per year. However, if a person knowingly obtains and disseminates PHI, there are criminal penalties of up to a \$50,000 fine and 1 year in prison. If the PHI is provided or obtained under false pretenses, there are criminal penalties of up to a \$100,000 fine and 5 years in prison. If the PHI is obtained or used for commercial advantage,



personal gain or malicious harm, then the criminal penalties increase to a \$250,000 fine and 10 years in jail. 42 USC 1320d-5 and 1320d-6.

Protected health information (PHI), under the US [Health Insurance Portability and Accountability Act \(HIPAA\)](#), is any information about health status, provision of health care, or payment for health care that can be linked to a specific individual. This is interpreted rather broadly and includes any part of a patient's [medical record](#) or payment history.

PHI that is linked based on the following list of 18 identifiers must be treated with special care according to HIPAA: Names All geographical subdivisions smaller than a State,

the initial three digits of a zip code, if according to the current publicly available

including street address, city, county, precinct, zip code, and their equivalent geocodes,

1. data from the Bureau of the Census: (1) The geographic unit formed by combining all zip
2. codes with the same three initial digits contains more than 20,000 people; and (2) The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000
3. Dates (other than year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older
4. Phone numbers
5. Fax numbers
6. Electronic mail addresses
7. [Social Security numbers](#)
8. Medical record numbers
9. Health plan beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and serial numbers, including license plate numbers;
13. Device identifiers and serial numbers;



14. Web [Uniform Resource Locators](#) (URLs)
15. Internet Protocol (IP) address numbers
16. [Biometric](#) identifiers, including finger, retinal and voice prints
17. Full face photographic images and any comparable images
18. Any other unique identifying number, characteristic



Marijuana Bars

HOUSE BILL No. 4397 Senate Bill 0017

A Marijuana Bar is not a known commodity in our community. After listening to the reasoning for his Bill, we have determined that it is overly broad and would violate the First, Fifth and Fourteenth Amendments of the Constitution of The United States.

If The Bill is targeted at Rev. Wayne Daggit's model, then the Bills Should Read, A Bar or Organization, whose sole purpose is to distribute marijuana to person(s) who pay a membership fee or for any other valuable consideration to smoke marijuana in a specified location. The Michigan Medical Marijuana Act prohibits use in public. Rev. Wayne operated his club in a public venue. Compassion Clubs, organizations and support groups are important to the health and well being of patients.



Felons and The Medical Marijuana Act

House Bill 4463
Senate Bill 0505

There are no statistics that would indicate that felons are outside the range, of any core group currently acting as caregivers, concerning legal or behavioral abnormalities.



Medical Marijuana In School/Church Zones Depriving The Majority Of the Sick and Dying

House Bill 4661 Senate Bill 0504

This law would punish the sickest patients in Michigan. Those that live in areas of high population are much more likely to be impacted. For instance in Holland, 85% of the cities population was excluded from the protection of the act. The national average is 80% of a metro area. In areas where studies have been conducted, minorities and poor people were much more likely to be impacted by drug free zones. In one state the enhanced penalties were absorbed by minorities to the tune of 96%.

The intent of the people was not to punish the sick or to expose them to the criminal justice system.

In areas where it has been studied (New Jersey), where an astounding 96 percent of the prisoners serving time for drug free zone offenses are black or Hispanic, the state's sentencing commission has taken a comprehensive look at the drug-free zone laws and found that the law has no deterrent effect and is a major contributor to alarming levels of racial disparity in incarceration. The sentencing commission put forward a reform proposal which seeks to remedy the failures and unintended consequences of the current statute.



Medical Marijuana Eliminating The Supply of Medical marijuana

HOUSE BILL No. 4850

This Bill would undermine the intent of the voters. It would deprive the patients of choice. It would also tie a patients supply of marijuana to the success of a crop. In any agricultural endeavor, the farmers and the consumers are subject to many variables beyond the control of the farmer.

The effect of this Bill would insure patients that have sufficient funding and use large amounts of marijuana would have a caregiver. Patients who use small amounts of marijuana or poor patients would be left without a supply of marijuana. This would be the result of natural market forces. Naturally, higher revenue would be generated by patients with higher needs. There is extreme opposition in the community to this legislation.

The unintended result of this Bill would be to create a surplus of marijuana, without an offsetting market. Patients who needed the medicine, couldn't purchase the marijuana. Caregivers couldn't provide it. The way the supply of produce is maintained uninterrupted is through a diversity of providers. In the case of pestilence, where entire geographical areas could be impacted, entire populations could be denied their medication. The current Law allows for redundancy and protects the supply.

It is difficult for us to envision any benefit from this Bill for the government. In fact the unintended consequences could result in unbelievable suffering for patients and increased problems for law enforcement.

The objective in any healthcare system is to provide care to the patients. Not create stumbling blocks, that allow prosecutors to drag patients through the system or give profiteers the ability to gouge the sick.



Local Zoning In Conflict With State Law HOUSE BILL No. 4852

This Bill allows Townships/Cities to zone Marijuana Facilities. We do not support commercial grows in any form. If this bill would impact caregivers, we would oppose the legislation. Sick people are dispersed geographically. The application of the law should be implemented on a statewide basis, in keeping with the Home Rules Act, Michigan State Constitution and Supreme Court Rulings. We believe making it more difficult and expensive for sick people to obtain their medicine was not the voters intent.



Establish new Penalties for Non Medical "SALES"

HOUSE BILL No. 4853

Section 333.26424

(k) Any registered qualifying patient or registered primary caregiver who sells marihuana to someone who is not allowed to use marihuana for medical purposes under this act shall have his or her registry identification card revoked and is guilty of a felony punishable by **imprisonment for not more than 2 years or a fine of not more than \$2,000.00, or both**, in addition to any other penalties for the distribution of marihuana.



Ban Caregiver Advertising

HOUSE BILL No. 4854

The Governments duty, when it comes to People's Initiatives, is to facilitate. Making it impossible for a patient to find a caregiver, would nullify the act. This Bill would also violate the First and Fourteenth Amendment.



Criminalizes Transportation

HOUSE BILL No. 4856

We are concerned with any law, that turns patients into criminals, for non criminal behavior. This Bill could in fact cause control of the marijuana to pass from the patient or caregiver to other parties. In many cases disabled people use taxis or public transportation. This Bill would adversely impact inner city, poor, and severely disabled people disproportionately.



Alcohol Abuse Health Center

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As Economy Goes Down, Drinking Goes Up Study Shows an Increase in Alcohol Abuse During an Economic Recession

By Denise Mann

WebMD Health News

Reviewed by Laura J. Martin, MD



Oct. 13, 2011 -- When the going gets tough, it seems that a lot of us may go drinking.

Along with higher unemployment and bankruptcy, an economic recession brings increased drinking of alcohol, a study suggests. The increased use of alcohol includes binge drinking, problem drinking, and driving under the influence.

The study is published in *Health Economics*.

The findings run counter to what had previously been thought about drinking habits during economic downturns.

"It was thought that when unemployment goes up, income goes down and people will consume less because they don't have the resources," says study researcher Michael T. French, PhD, a professor of health economics at the University of Miami.

"People are self-medicating with alcohol," French says. "If you have more free time, you can engage in activities like drinking more frequently than if you were employed. The self-medication and leisure time effect are dominating the income effect."

The new study tracked alcohol drinking patterns from 2001 to 2005, which predates the current recession. This means that things may be a whole lot worse now, French says. "There will also likely be an uptick in [addiction](#) and treatment admissions due to [alcohol abuse](#)."

[How to Protect Your Health Care in a Rough Economy](#)

Increase in Binge Drinking

According to the new report, overall, people drink more during a recession, but African-Americans and people aged 18 to 24 are among the most likely to binge drink.



The National Institute on Alcohol Abuse and Alcoholism defines binge drinking as a pattern of drinking that brings a person's blood alcohol concentration to 0.08 grams percent or above. For men, this may occur after having five or more drinks in about two hours. Among women, binge drinking involves four or more drinks in about two hours.

It's not just the down and out that are drowning their spirits with spirits either. Drinking is more common as the education level and income goes up, the study shows.

People who are employed binge drink more frequently and are more likely to drive after having too much to drink during a bad economy than during a good one, French says.

Stress and Worry During Bad Economy

"Even if you have a job, you may be concerned about losing it or maybe you are worried about other family members who are at risk for losing a job," he says.

We are talking about the high-functioning alcohol abuser here, says addiction specialist Paul Leslie Hokemeyer, PhD. He works at the Caron Treatment Center's New York City office.

"From the outside, their lives look perfect," he says. "They have a job, two cars, own a house, and have kids in private schools, but they are being eaten up by a sense of anxiety and helplessness."

"People who do have jobs may keep it together and go to work during the week, but then on the weekend, they start drinking and they can't stop," he says.

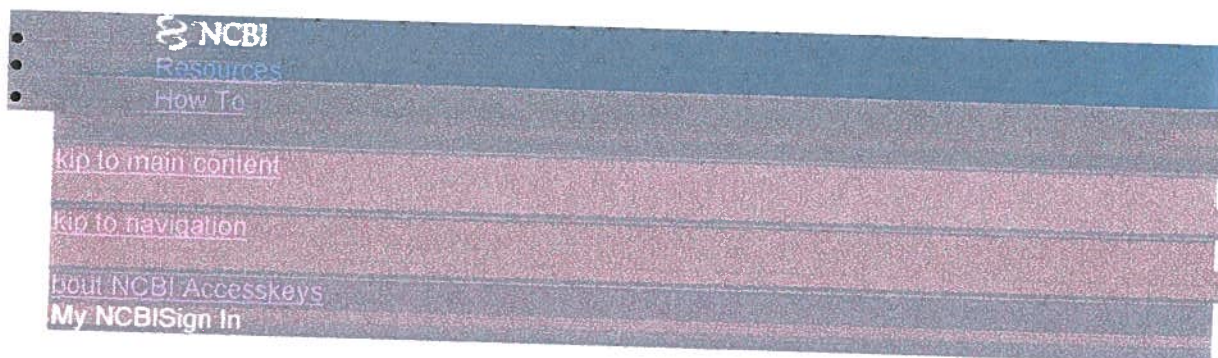


Getting Through Tough Economic Times

- Possible health risks
- Warning signs
- Managing stress
- Getting help
- Suicide warning signs
- Other steps you can take

Economic turmoil (e.g., increased unemployment, foreclosures, loss of investments and other financial distress) can result in a whole host of negative health effects - both physical and mental. It can be particularly devastating to your emotional and mental well-being. Although each of us is affected differently by economic troubles, these problems can add tremendous stress, which in turn can substantially increase the risk for developing such problems as:

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Int J Drug Policy. 2011 Sep;22(5):353-9. Epub 2011 May 8.

Illegal drug use and the economic recession--what can we learn from the existing research?

Bretteville-Jensen AL.

Source

SIRUS (Norwegian Institute for Alcohol and Drug Research), Post Box 565, Sentrum, 0501 Oslo, Norway. alb@sirus.no

Abstract

BACKGROUND:

Much research on the use of amphetamine, cocaine and heroin employs individual level data and analyses variations in drug use by factors like personal characteristics, socioeconomic factors, and the social environment. Less attention is given to how these individual responses inter-relate with key macroeconomic variables. From a drug policy perspective however, it is important to also understand the consequences for drug use and drug users of changes in the macroeconomic conditions. As the world is experiencing an economic recession one would like to know whether it will affect the number of drug users and/or consumption frequency and volume amongst established users.

METHODS:

There are different channels through which a recession could influence drug consumption; here the main focus is on how an economic downturn may influence drug prices and drug users' incomes. We briefly refer to relevant economic theory before reviewing the research literature.

RESULTS:

A fall in drug prices and income seem likely. Empirical studies confirm drug users' price responsiveness. Only a few studies have dealt with income elasticity amongst this group.

CONCLUSION:

As the price and the income effect may pull in opposite directions, the full effect on drug use is difficult to predict. Still, it seems likely that an economic downturn of the current magnitude could increase the use of drugs.

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